PTO/SB/21 (02-04)
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|--|--------------------------------------|--|-----------------------|------------------------|--|--|
| (  |                                      | Application Number   |                       | 09/683,903             |  |  |
|  | MITTAL                               | Filing Date  | February 28, 2002     |                        |  |  |
| FORM (to be used for all correspondence after initial (librg)                            |                                      | First Named Inventor   | Paolini<br>1751       |                        |  |  |
|  |                                      | Art Unit   |                       |                        |  |  |
|  |                                      | Examiner Name  | Kopec, Mark           |                        |  |  |
| Total Number of Pages in   | This Submission 15                   | Attorney Docket Number   | H-316                 |                        |  |  |
|  | EN                                   | CLOSURES (Check all that   | apply)                |                        |  |  |
| Fee Transmittal F  | orm                                  | Drawing(s)   | ll to                 | Technol                | rance communication ogy Center (TC)                            |  |
| Fee Attac  |                                      | Licensing-related Papers Petition  | of Ap                 | Appeals<br>opeal Co    | mmunication to Board<br>and Interferences<br>mmunication to TC |  |
| After Final  |                                      | Petition to Convert to a<br>Provisional Application                      |                       |                        | tice, Brief, Ropty Brief)<br>/ Information                     |  |
| Affidavits/  | declaration(s)                       | Power of Attorney, Revocation<br>Change of Correspondence Addre          |                       | atus Lett              |  |  |
| Extension of Time  | Request                              | Terminal Disclaimer  |                       | her Encl<br>entify bel | osure(s) (please<br>low):                                      |  |
| Express Abandon  | ment Request                         | Request for Refund   |                       | •                      | ·  |  |
| Information Disclosure Statement   |                                      | CD, Number of CD(s)  |                       |                        |  |  |
| Certified Copy of Priority Document(s)   |                                      | erks   |                       |                        |  |  |
| Response to Miss Incomplete Applic   |                                      |  |                       |                        |  |  |
|  | to Missing Parts<br>CFR 1.52 or 1.53 |  |                       |                        |  |  |
|  |                                      |  |                       |                        |  |  |
| Fi   | SIGNATURE                            | OF APPLICANT, ATTORNE  | Y, OR AGEN            | T                      |  |  |
| Firm<br>or<br>Individual name  |                                      | David J. Col   | 8                     |                        |  |  |
| Signature  | Da                                   | and J. Cole  |                       |                        |  |  |
| Date   |                                      | August 23, 20  | 04                    |                        |  |  |
|  | CERTIFI                              | CATE OF TRANSMISSION   | MAILING               |                        |  |  |
| I hereby certify that this co<br>sufficient postage as first of<br>the date shown below. | prrespondence is being fac-          | simile transmitted to the USPTO or or doressed to: Commissioner for Pate | denneited with the    | United S<br>0, Alexa   | States Postal Service with<br>ndria, VA 22313-1450 on          |  |
| Typed or printed name  | yped or printed name David J. Cole   |  |                       |                        |  |  |
| Signature  | Dail                                 | J. Gl  |                       | Date                   | August 23, 2004  |  |

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |  |             |   | Docket Number (Optional) H-316 |                      |                 |  |  |  |
|---|--|-------------|---|--------------------------------|----------------------|-----------------|--|--|--|
| Application Number 09/683,903   |  |             |   | Filed                          | 2/28/2002            |                 |  |  |  |
| For   |  |             | Electrophoretic medlun  | m and process for t            | the production the   | ereof           |  |  |  |
| Art L   | Jnit   |             | 1751  |                                | Examiner             | Kopec, Mark     |  |  |  |
| appli   | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. |             |   |                                |                      |                 |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |             |   |                                |                      |                 |  |  |  |
| I   | <b>_</b>   | ~ m         |   | <u>Fee</u>                     | Small Entity Fee     | <b>L</b>        |  |  |  |
|   |  |             | nonth (37 CFR 1.17(a)(1))                                     | \$110                          | \$55                 | \$              |  |  |  |
|   | X  | Two mo      | onths (37 CFR 1.17(a)(2))                                     | \$420                          | \$210                | s420            |  |  |  |
|   |  | Lµuèe u     | months (37 CFR 1.17(a)(3))                                    | \$950                          | \$475                | \$              |  |  |  |
|   |  | Four m      | nonths (37 CFR 1.17(a)(4))                                    | \$1480                         | \$740                | \$              |  |  |  |
| l   |  | Five ma     | onths (37 CFR 1.17(a)(5))                                     | \$2010                         | \$1005               | \$              |  |  |  |
|   | Applicant claims small entity status. See 37 CFR 1.27.   |             |   |                                |                      |                 |  |  |  |
|   | A check in the amount of the fee is enclosed.  |             |   |                                |                      |                 |  |  |  |
|   | Paym   | nent by c   | credit card. Form PTO-2038 is                                 | attached.                      |                      |                 |  |  |  |
|   |  |             | has already been authorized to                                |                                | application to a De  | eposit Account. |  |  |  |
| ×   | The D  | Director is | is hereby authorized to charge<br>count Number 5011           | e any fees which may           | y be required, or cn | •               |  |  |  |
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| lar   | m the  |             | applicant/inventor.   |                                |                      | •               |  |  |  |
|   | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).               |             |   |                                |                      |                 |  |  |  |
| I   |  | X           | attorney or agent of record.                                  | . Registration Numbe           | er 29629             | ·               |  |  |  |
| ı   |  |             | attorney or agent under 37<br>Registration number if acting u | CFR 1.34.<br>under 37 CFR 1.34 |                      |                 |  |  |  |
| ı ,   | ~ <del></del>  |             | David J. E  | 36                             |                      | 8/23/04         |  |  |  |
|   |  |             | Signature   |                                |                      | Date            |  |  |  |
|   |  |             | David J. Cole   |                                | <b>61</b> 7          | 7-499-6069      |  |  |  |
| r   |  |             | Typed or printed name   |                                | ·                    | phone Number    |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |             |   |                                |                      |                 |  |  |  |
| X   | Total  | of          | forms are   | e submitted.                   |                      |                 |  |  |  |

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